



# 2006 - 2007 Insurance Open Enrollment

## Annual Open Enrollment Begins August 14, 2006!

The Open Enrollment period for State-Sponsored Group Insurance plans will be conducted from **August 14 through August 31, 2006**.

The effective date for new enrollments and any changes will be October 8, 2006.

The annual Open Enrollment period is your opportunity to review your current enrollments and make any necessary changes. Changes can only be made during open enrollment or within 31 days of a life event.

**Your benefits will remain the same for the 2006-2007 fiscal year if no changes are made.**

Eligible employees can enroll or change their current enrollments in the health, dental, vision, life insurance and/or long-term disability plans.

Employees should also review their current enrollments to add eligible dependents or remove ineligible dependents.

### Inside this issue:

Open Enrollment Information, Timeline and Checklist	2
New HMO	2
Completing Open Enrollment in MI HR Self-Service	3
Dependent Eligibility Guidelines & Documents	4-5
New Insurance Rates	6-8
Group Insurance Contact Numbers	9

### Important!

Please carefully review current dependent enrollment information to be sure your enrolled dependents meet eligibility criteria (see Page 4). If you do not need to add/remove a dependent and you want to keep your current benefits, you do not need to do anything. Your coverage will remain the same for the 2006-2007 fiscal year.

### 5 Easy Steps to Complete Your Open Enrollment On-Line!

Log in to your MI HR Self-Service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv) and click the "Open Enrollment" button.

See Page 3 for more details.

### Need Help?

If you have open enrollment questions, do not have access to the Internet, or need assistance, please contact the MI HR Service Center toll free at **(877) 766-6447**.

Customer Service Representatives are available 7:00 a.m. to 6:00 p.m., Monday through Friday.





## Open Enrollment Information Available On-Line

All open enrollment information is available on the Internet on the Employee Benefits Website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs).

You can also view open enrollment information that is tailored to you and your employment situation by logging in to your MI HR Information account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click "Log into MI HR Information".

MI HR Information provides easy access to insurance rates, benefit comparison charts, benefit booklets, beneficiary forms, health provider websites, mailing addresses, and phone numbers.

Once logged in, check out the Hot Topics area or click "My Benefits Enrollment" from the left menu, then click the "Open Enrollment" link.

## Open Enrollment Timeline and Checklist

**8/14/06:** Open enrollment for State-sponsored group insurances begins.

- ☐ Review current benefits in your Self-Service account.
- ☐ Review plan rates on pages 6-8 and the HMO zip code eligibility list included in this mailing. If you will be changing health plans, check to see that your doctors are participating providers.
- ☐ Review current dependent coverage to be sure enrolled dependents meet eligibility criteria listed on page 4.
- ☐ Make changes to coverages or dependents.
- ☐ Print and retain confirmation statement.

**8/31/06:** Open enrollment ends, all changes must be entered by midnight.

**10/2/06:** Dependent proof of eligibility documentation due to MI HR Service Center, if adding new dependents.

**10/8/06:** FY 2006-2007 benefit year begins. New rates and changes made during open enrollment take effect.

**10/19/06:** Review payroll earnings statement using MI HR Self-Service to verify changes.

The HIPAA Notice of Privacy Practices for the benefits plans is available at the Department of Civil Service Website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs) under the Employee Benefits link. You may also contact the Employee Benefits Division at (800) 505-5011.

## New HMO Available 10/8/06



Effective October 8, 2006, a new HMO, McLaren Health Plan, will be available to employees who live in Bay, Clinton, Eaton, Genesee, Ingham, Ionia, Lapeer, Ogemaw, and Shiawassee Counties.

Please review the enclosed HMO zip code chart to check your eligibility for this new HMO. This HMO is not authorized to accept employees in bargaining units W22 and W41 (UAW).



## Completing Open Enrollment in MI HR Self-Service

All Open Enrollment changes must be entered in your MI HR Self-Service account.

Access to your account is available seven days a week via the Internet/intranet, except during regular scheduled maintenance. The maintenance schedule is available to view on the MI HR Gateway page at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click on "System Availability".

If you have lost or forgotten your MI HR Self-Service password, you can reset it at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv) by selecting the "Password Help" link, or e-mail [Self-Serv-Support@michigan.gov](mailto:Self-Serv-Support@michigan.gov).

If you do not have access to a computer, contact the MI HR Service Center at (877) 766-6447 to enroll by telephone, Monday through Friday from 7:00 a.m. to 6:00 p.m.

Log in to your MI HR Self-Service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click the "Self-Service" link. At the Welcome Page, click the "Open Enrollment" button at the top of your screen. Follow Steps 1 through 5 below to complete your enrollment.

### Step 1: Review Your Current Benefits

Click the "Review Current Benefits" link from the left menu. **If you do not need to add/remove a dependent and want to keep your current benefits, you do not need to complete open enrollment. Your benefits will remain the same for the 2006-2007 fiscal year.**

### Step 2: Review Plan Rates & Your FY 2006-2007 Benefit Options

Review plan rates outlined in this brochure, your benefit options, and the HMO zip code list at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs) or click "Review Benefit Options" from the left menu. There are no changes in plan coverages for FY 2006-2007.

### Step 3: Review/Add Dependents

If you do not have any dependents (spouse or children), skip to Step 4.

To view and/or add dependent information, click the "Review/Add Dependents" link from the left menu. New dependents can be added through your MI HR Self-Service account. Once the new dependent information has been added, proceed to Step 4 for the enrollment process. If you add new dependents to your insurance coverage, you must send proof of dependent eligibility (see Page 5) to the MI HR Service Center by October 2, 2006 for the enrollment to be valid. If a dependent no longer meets the definition of an eligible dependent (see Page 4), they must be removed from your insurance coverage.

Adding or removing dependents could require a coverage option change. Coverage option changes can be made during the benefit selection process by clicking on "Change the Coverage" in your MI HR Self-Service account.

### Step 4: Make Your Benefit Selections

If you are adding or removing dependents from your insurance coverage, you must make all necessary changes to dependent information *before* making your benefit selections (see Step 3). Click the "Make Benefit Selections" link from the left menu.

To conclude the enrollment process, you will be prompted to print a confirmation statement. You must select either "Yes" or "No" and receive the "Your enrollment has been successful" message to save your changes. Changes will not be recorded if you exit the system before receiving this message. Please note that this will be the only confirmation statement you will receive. The effective date for new enrollments and any changes will be October 8, 2006.

### Step 5: Mail or Fax Documents to the MI HR Service Center

If you add new dependents to your insurance coverage, you must mail or fax the appropriate proof of eligibility documentation to the MI HR Service Center by October 2, 2006, for the enrollment to be valid. See Page 5 for a list of valid documents or click the "Submit Documentation" link from the left menu. Please note that documents will not be returned to you, so please submit copies of your documents.

## Dependent Eligibility Guidelines

### Dependent Coverage

Eligible dependents include your spouse and any of your unmarried children until the day before they turn 19. In addition to being unmarried, children must meet the following conditions to be considered eligible. They must be:

- Your child by birth, legal adoption, or legal guardianship.
- In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation.
- Step-child for whom you have physical custody (i.e., the step-child lives with you at least 50% of the time as stated in a current divorce decree) and for whom you provide at least 50% of their support.
- Foster child placed in your home by a state agency or the court.
- Your children from the age of 19 until the age of 25 who are enrolled in an accredited educational institution and for whom you provide at least 50% of their support.

### Continuing Coverage for Incapacitated Children

Incapacitated children are those who are unable to earn a living because of mental retardation or physical disability and must depend on their parents for support and maintenance.

If your enrolled dependent is an incapacitated child, your coverage for this child will continue beyond age 19 as long as:

- he or she became incapacitated before age 19,
- documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19,
- the child continues to be incapacitated, and
- your coverage does not terminate for any other reason.

### Dependent Exclusions

You cannot claim a dependent on your coverage if he or she is:

- In the Armed Forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective with the date of active duty orders.
- Already covered on another State of Michigan Health Plan. No person can be covered on more than one State of Michigan Health Plan. If you choose to maintain separate coverage, your children can only be listed on one plan, not both. This applies even if you are divorced.

### Dual Eligibility

If you and your spouse are both covered by State Health Plans (retiree or active, including State-sponsored HMO options) you may:

- Maintain separate coverage through your individual plans.
- Enroll in one plan, with one of you as a dependent.

If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.

### Dependent Life Insurance

Eligible dependents are unmarried children between the ages of 14 days and 23 years for whom you provide at least 50% of their support, and are not required to be enrolled in school. Your spouse is also eligible if they are not a state employee or state retiree.

### Canceling Dependent Coverage

To cancel your dependent coverage when they no longer meet the definition of an eligible dependent, you must immediately notify the MI HR Service Center. Ex-spouses are not eligible for coverage.

**If you have any questions regarding eligibility of your dependents,  
please contact the MI HR Service Center at:**

**(877) 766-6447**

## Required Documentation for Dependents

The documents listed below can be used to prove dependent eligibility for insurance coverage. Documentation must be mailed or faxed to the MI HR Service Center by October 2, 2006. Please note that documents will not be returned to you, so please submit copies of your documents.

### A. Required Documentation for Children Ages Birth Until 19

Specific Circumstance	Required Documentation
Biological child	Copy of an official birth certificate (not hospital birth certificate).
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement.
Employee has legal guardianship	Copy of guardianship papers.
Employee's minor child has a baby	Copy of an official birth certificate (not hospital birth certificate).
Employee has foster child	Court document placing the child in the employee's home for foster care.
Employee has step-child	A copy of the first and last pages of the most current divorce decree of the employee's spouse, stamped by court, and any language about custody; and a copy of an official birth certificate (not hospital birth certificate).

### B. Required Documentation for Children Ages 19 Until 25

Specific Circumstance	Required Documentation
Employee has a dependent who is unmarried, dependent on the employee for at least 50% of his/her support, and is a student who regularly attends an accredited school. School verification is not required for dependent life insurance.	The required documentation outlined in Section A, <b>and</b> a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, <b>and</b> school registration or other records proving school attendance.  * Forms are available at <a href="http://www.michigan.gov/mdcs">www.michigan.gov/mdcs</a>
In the case of children of divorced spouses or step-children, the child must be an unmarried student who regularly attends an accredited school and is dependent on the employee for at least 50% of his/her support. School verification is not required for dependent life insurance.	The required documentation outlined in Section A, <b>and</b> a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, <b>and</b> a copy of school registration or other records proving school attendance.  * Forms are available at <a href="http://www.michigan.gov/mdcs">www.michigan.gov/mdcs</a>

### C. Required Documentation for Other Circumstances

Specific Circumstance	Required Documentation
Spouse	Copy of marriage certificate.
Removing ex-spouse, dependent/step-children due to a divorce	Copy of the first and last page of the divorce decree stamped by the court.
Incapacitated dependent child	No documentation is required for children who have already been approved. Please note on the dependent coverage statement.
Deleting dependent coverage due to death	Copy of death certificate.
Dependent Life Insurance Coverage only	Copy of official birth certificate (not hospital birth certificate).

## Department of Civil Service, Employee Benefits Division

## FY 2006-2007 GROUP INSURANCE PREMIUM RATES

(Effective October 8, 2006)

PLAN NAME/CODE		BIWEEKLY		BIWEEKLY *1	
				Part-time employees	
	Option *2	Employee	State	Employee	State
	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
State Health Plan PPO	1	\$ 11.34	\$ 215.42	\$ 113.38	\$ 113.38
	2	\$ 22.68	\$ 430.84	\$ 226.76	\$ 226.76
	3	\$ 19.95	\$ 379.14	\$ 199.55	\$ 199.55
	4	\$ 31.29	\$ 594.55	\$ 312.92	\$ 312.92
Employee or Spouse with Medicare (State pays 100%)	5	\$ 0	\$ 215.42	\$ 0	\$ 0
	6	\$ 0	\$ 430.84	\$ 0	\$ 0
	7	\$ 0	\$ 379.14	\$ 0	\$ 0
	8	\$ 0	\$ 594.55	\$ 0	\$ 0
Catastrophic Health Plan (State pays 100%)	1	\$ 0	\$ 15.81	\$ 7.91	\$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
\$50 rebate with each paycheck beginning October 19, 2006.	3	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
	4	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
Decline Health Insurance Coverage *3	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
Blue Care Network, Mid-Michigan	1	\$ 0	\$ 192.45	\$ 96.22	\$ 96.22
	2	\$ 0	\$ 384.90	\$ 192.45	\$ 192.45
	3	\$ 0	\$ 338.71	\$ 169.36	\$ 169.36
	4	\$ 0	\$ 531.17	\$ 265.58	\$ 265.58
Blue Care Network, East Michigan	1	\$ 0	\$ 183.51	\$ 91.76	\$ 91.76
	2	\$ 0	\$ 367.02	\$ 183.51	\$ 183.51
	3	\$ 0	\$ 322.98	\$ 161.49	\$ 161.49
	4	\$ 0	\$ 506.48	\$ 253.24	\$ 253.24
Blue Care Network, Great Lakes West	1	\$ 0	\$ 191.26	\$ 95.63	\$ 95.63
	2	\$ 0	\$ 382.50	\$ 191.25	\$ 191.25
	3	\$ 0	\$ 336.61	\$ 168.30	\$ 168.30
	4	\$ 0	\$ 527.86	\$ 263.93	\$ 263.93
Blue Care Network, SE Michigan	1	\$ 0	\$ 184.11	\$ 92.06	\$ 92.06
	2	\$ 0	\$ 368.23	\$ 184.11	\$ 184.11
	3	\$ 0	\$ 324.04	\$ 162.02	\$ 162.02
	4	\$ 0	\$ 508.15	\$ 254.07	\$ 254.07
Care Choices Health Plan	1	\$ 0	\$ 204.76	\$ 102.38	\$ 102.38
This HMO is not authorized to accept employees in bargaining units	2	\$ 0	\$ 409.51	\$ 204.76	\$ 204.76
W22 and W41 (UAW) in some zip codes as new members. However,	3	\$ 0	\$ 360.37	\$ 180.19	\$ 180.19
employees who are already enrolled may remain enrolled.	4	\$ 0	\$ 565.13	\$ 282.57	\$ 282.57
Grand Valley Health Plan	1	\$ 0	\$ 189.82	\$ 94.91	\$ 94.91
This HMO is not authorized to accept employees in bargaining units	2	\$ 0	\$ 379.64	\$ 189.82	\$ 189.82
W22 and W41 (UAW) as new members. However,	3	\$ 0	\$ 334.08	\$ 167.04	\$ 167.04
employees who are already enrolled may remain enrolled.	4	\$ 0	\$ 523.91	\$ 261.95	\$ 261.95
Health Alliance Plan	1	\$ 0	\$ 182.70	\$ 91.35	\$ 91.35
	2	\$ 0	\$ 366.98	\$ 183.49	\$ 183.49
	3	\$ 0	\$ 322.76	\$ 161.38	\$ 161.38
	4	\$ 0	\$ 507.04	\$ 253.52	\$ 253.52
HealthPlus of Michigan	1	\$ 0	\$ 197.68	\$ 98.84	\$ 98.84
This HMO is not authorized to accept employees in bargaining units	2	\$ 0	\$ 395.35	\$ 197.68	\$ 197.68
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 0	\$ 347.91	\$ 173.96	\$ 173.96
	4	\$ 0	\$ 545.59	\$ 272.79	\$ 272.79

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family, 5 = Employee Only with Medicare, 6 = Employee & Spouse with Medicare, 7 = Employee with Medicare and Child(ren), 8 = Full Family with Medicare.

\*3 Employees who opt out of health or dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health or Preventive Dental Plan.



## Department of Civil Service, Employee Benefits Division

## FY 2006-2007 GROUP INSURANCE PREMIUM RATES

(Effective October 8, 2006)

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	Part-time employees	
				Employee	State
	(a)	(b)	(c)	(d)	(e)
<b>M-Care</b>	1	\$ 0	\$ 186.25	\$ 93.12	\$ 93.12
	2	\$ 0	\$ 372.50	\$ 186.25	\$ 186.25
	3	\$ 0	\$ 327.80	\$ 163.90	\$ 163.90
	4	\$ 0	\$ 514.05	\$ 257.03	\$ 257.03
<b>McLaren Health Plan</b>	1	\$ 0	\$ 182.32	\$ 91.16	\$ 91.16
This HMO is not authorized to accept employees in bargaining units	2	\$ 0	\$ 364.63	\$ 182.32	\$ 182.32
W22 and W41 (UAW) as new members.	3	\$ 0	\$ 320.88	\$ 160.44	\$ 160.44
	4	\$ 0	\$ 503.20	\$ 251.60	\$ 251.60
<b>Physicians Health Plan (Lansing)</b>	1	\$ 0	\$ 214.84	\$ 107.42	\$ 107.42
	2	\$ 0	\$ 427.99	\$ 213.99	\$ 213.99
	3	\$ 0	\$ 376.26	\$ 188.13	\$ 188.13
	4	\$ 0	\$ 590.33	\$ 295.16	\$ 295.16
<b>Physicians Health Plan (Jackson)</b>	1	\$ 5.51	\$ 215.42	\$ 110.46	\$ 110.46
	2	\$ 11.01	\$ 430.84	\$ 220.92	\$ 220.92
	3	\$ 9.69	\$ 379.14	\$ 194.41	\$ 194.41
	4	\$ 15.20	\$ 594.55	\$ 304.88	\$ 304.88
<b>Priority Health Plan</b>	1	\$ 0	\$ 190.99	\$ 95.50	\$ 95.50
	2	\$ 0	\$ 382.00	\$ 191.00	\$ 191.00
	3	\$ 0	\$ 336.14	\$ 168.07	\$ 168.07
	4	\$ 0	\$ 527.17	\$ 263.58	\$ 263.58
<b>Total Health Care</b>	1	\$ 0	\$ 126.37	\$ 63.18	\$ 63.18
This HMO is not authorized to accept employees in bargaining units	2	\$ 0	\$ 290.65	\$ 145.32	\$ 145.32
W22 and W41 (UAW) as new members. However,	3	\$ 0	\$ 240.10	\$ 120.05	\$ 120.05
employees who are already enrolled may remain enrolled.	4	\$ 0	\$ 341.20	\$ 170.60	\$ 170.60
<b>VISION PLANS</b>					
<b>State Vision Plan</b> (State pays 100%)	1	\$ 0	\$ 2.80	\$ 1.40	\$ 1.40
	2	\$ 0	\$ 4.93	\$ 2.46	\$ 2.46
	3	\$ 0	\$ 6.02	\$ 3.01	\$ 3.01
	4	\$ 0	\$ 8.16	\$ 4.08	\$ 4.08
<b>Decline Vision Insurance</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
<b>DENTAL PLANS</b>					
<b>State Dental Plan</b>	1	\$ .94	\$ 17.81	\$ 9.37	\$ 9.37
	2	\$ 1.71	\$ 32.51	\$ 17.11	\$ 17.11
	3	\$ 2.08	\$ 39.59	\$ 20.83	\$ 20.83
	4	\$ 2.85	\$ 54.22	\$ 28.54	\$ 28.54
<b>Preventive Dental Plan</b> (State pays 100%)	1	\$ 0	\$ 2.99	\$ 1.50	\$ 1.50
Employees in the Preventive Dental plan will receive	2	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
a \$100.00 lump sum payment on November 2, 2006.	3	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
	4	\$ 0	\$ 7.42	\$ 3.71	\$ 3.71
<b>Midwestern Dental Plan (DMO)</b> (State pays 100%)	1	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	2	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	3	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	4	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
<b>Decline Dental Insurance</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Health, dental and vision option codes are: 1= Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

## Department of Civil Service, Employee Benefits Division

## FY 2006-2007 GROUP INSURANCE PREMIUM RATES

(Effective October 8, 2006)

PLAN NAME/CODE		BIWEEKLY		BIWEEKLY *1	
				Part-time employees	
	Option	Employee	State	Employee	State
	(a)	(b)	(c)	(d)	(e)
LIFE INSURANCE PLANS					
Dependent Life Options					
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$ .20	0	\$ .20	0
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$ .60	0	\$ .60	0
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$ 1.20	0	\$ 1.20	0
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$ 4.00	0	\$ 4.00	0
Child(ren) Only \$10,000	L	\$ .75	0	\$ .75	0
Employee Life Options					
The Employee Only regular plan is 2 times your annual salary. The State pays 100% of the premium for this plan.					
The Employee Only reduced plan is 1 times your annual salary. Employees enrolled in this plan will receive a biweekly rebate beginning October 19, 2006.					

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).



## Office of the State Employer, Employee Health Management

## FY 2006-2007 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES

Rates per \$100 of Earnings\*

(Effective October 8, 2006)

PLAN NAME/CODE	Status (a)	Employee (b)	State (c)
<b>All employees except those represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.08	\$ .944
YIA1: 184-527 hours sick leave	Plan IIA	\$ .53	\$ .944
YIA2: 528 hours or more sick leave	Plan IIB	\$ 0	\$ .944
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.74	\$ .944
<b>Employees represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.13	\$ .944
YIA1: 184-527 hours sick leave	Plan IIA	\$ .58	\$ .944
YIA2: 528 hours or more sick leave	Plan IIB	\$ 0	\$ .944
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.79	\$ .944
<b>Calculation of Employee Contribution:</b>			
Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

\*Benefits are subject to maximums in the LTD booklet.



## State Sponsored Group Insurance Plan Benefit Administrators

**STATE HEALTH PLAN PPO**

BCBSM State of Michigan Service Center

(800) 843-4876

[www.bcbsm.com](http://www.bcbsm.com)**Blue Care Network, East****Blue Care Network, Great Lakes West****Blue Care Network, Mid-Michigan****Blue Care Network, Southeast**

(800) 662-6667

[www.mibcn.com](http://www.mibcn.com)

The open enrollment hotline is (800) 470-9633.

(Available only during open enrollment period.)

**Health Alliance Plan**

(800) 422-4641

[www.hap.org](http://www.hap.org)**M-Care**

(800) 658-8878 or (734) 913-2211

[www.mcare.org](http://www.mcare.org)**Physicians Health Plan of Mid-Michigan (Lansing)**

(517) 364-8500 or (800) 832-9186

[www.phpmm.org](http://www.phpmm.org)**Priority Health**

(800) 446-5674

[www.priority-health.com](http://www.priority-health.com)**STATE VISION PLAN**

BCBSM State of Michigan Service Center

(800) 843-4876

[www.bcbsm.com](http://www.bcbsm.com)**DENTAL MAINTENANCE ORGANIZATION (DMO)**

Midwestern Dental Plans, Inc.

(800) 544-6374

[www.midwesterndental.com](http://www.midwesterndental.com)**MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION  
DRUG PROGRAM (for the State Health Plan PPO)**

Express Scripts, Inc.

(800) 505-2324

[www.express-scripts.com](http://www.express-scripts.com)**STATE CATASTROPHIC HEALTH PLAN**

BCBSM State of Michigan Service Center

(800) 843-4876

[www.bcbsm.com](http://www.bcbsm.com)**Care Choices Health Plan\***

(800) 852-9780

[www.carechoices.com](http://www.carechoices.com)**Grand Valley Health Plan\***

(616) 949-2410

[www.gvhpcchoosewell.com](http://www.gvhpcchoosewell.com)**HealthPlus of Michigan \*****Flint** - (800) 332-9161**Saginaw** - (800) 942-8816[www.healthplus.com](http://www.healthplus.com)**McLaren Health Plan \***

(888) 327-0671

[www.mclarenhealthplan.org](http://www.mclarenhealthplan.org)**Physicians Health Plan of South Michigan (Jackson)**

(517) 787-6865 or (800) 394-7569

[www.phpcares.com](http://www.phpcares.com)**Total Health Care \***

(313) 871-2000 or (800) 826-2862

[www.totalhealthcareonline.com](http://www.totalhealthcareonline.com)**STATE DENTAL PLAN and PREVENTIVE DENTAL PLAN**

Delta Dental Plan of Michigan

(800) 524-0150

[www.deltadentalmi.com](http://www.deltadentalmi.com)**STATE LONG TERM DISABILITY (LTD) PLAN**

Citizens Management, Inc.

(800) 324-9901

**MENTAL HEALTH/SUBSTANCE ABUSE SERVICES  
(for the State Health Plan PPO)**

Magellan Behavioral of Michigan

(866) 503-3158

[www.magellanassist.com](http://www.magellanassist.com)

\* Care Choices (for some zip codes), Grand Valley Health Plan, HealthPlus (for some zip codes) McLaren Health Plan, and Total Health Care are not authorized to accept UAW employees as new members. However, UAW employees who are already enrolled may remain enrolled.

## Michigan Department of Civil Service



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Department of Civil Service  
MI HR Service Center  
P.O. Box 30002  
Lansing, MI 48909



## MI HR Service Center

Toll Free: (877) 766-6447  
TDD (for the hearing impaired):  
(517) 241-8046  
Fax: (517) 241-5892



Department of Civil Service  
MI HR Service Center  
P.O. Box 30002  
Lansing, MI 48909

### MI HR Self-Service & MI HR Information Website

<http://www.michigan.gov/selfserv>

### Employee Benefits Division Website

<http://www.michigan.gov/mdcs>